

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32651

1. PLACE OF DEATH

County Dent
Township Springcreek
City Salem (No. 0)

Registration District No. 266
Primary Registration District No. X/24

File No. _____
Registered No. 5-5-68
St. _____ (Ward) _____

2. FULL NAME

Delbert Berl Nelson

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co

13. NAME W H Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co

15. MAIDEN NAME Minnie Hanson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co

17. INFORMANT Mrs Atchison
(ADDRESS) Salem

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ross Cem DATE 10/19/37

19. UNDERTAKER Carl K Spencer
(ADDRESS) Salem

20. FILED 10/19 1937 M. E. Riddell, Jr.
Salem, Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 18 1937

22. I HEREBY CERTIFY, That I attended deceased from October 14 1937 to October 18 1937

I last saw him alive on October 15 1937. Death is said

to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Traumatic and adenoiditis Date of onset October 14

103A 1151

Other contributory causes of importance:

Large edema & suffocation
Edema of lungs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) F. E. Riddle _____, M. D.

(Address) Salem, Missouri

